

Vonda M. Wallace  
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)	10/089950			
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2	/	/					52			
3	/	/					53			
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46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	/	/					TOTAL IND.			
TOTAL DEP.	/	/					TOTAL DEP.			
TOTAL CLAIMS	/	/					TOTAL CLAIMS			